



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket Number INL-054DV
In re Application of Dahlbäck et al.		
Application Serial No. 10/037,296		
Filed: December 21, 2001		
Group Art Unit: 1644		Examiner: David A. Saunders
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p>		
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input type="checkbox"/>	Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.	
<input checked="" type="checkbox"/>	Return receipt postcard enclosed.	
I am the	<input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).	
Registration number if acting under 37 CFR 1.34(a). _____.		
<b>CORRESPONDENCE ADDRESS</b>	<b>SIGNATURE BLOCK</b>	
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Date: April 19, 2004 Reg. No. 43,153 Tel. No.: (617) 310-8168 Fax No.: (617) 248-7100	Respectfully submitted,  Diana M. Steel Attorney for Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110

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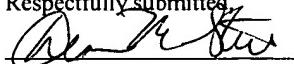
110.00 OP



# FEE TRANSMITTAL

FY 2004

Complete if Known	
Application Serial Number	10/037,296
Filing Date	December 21, 2001
First Named Inventor	Dahlbäck
Group Art Unit	1644
Examiner Name	David A. Saunders
Attorney Docket No.	INL-054DV

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
3. <input type="checkbox"/> Applicant claims small entity status.					
FEE CALCULATION					
1. FILING FEE					
Large Entity					
Fee (\$)	Fee Description	Fee Paid			
770	Utility filing fee	<input type="text"/>			
340	Design filing fee	<input type="text"/>			
160	Provisional filing fee	<input type="text"/>			
Number Filed	Number Extra	Rate	Amount		
Total Claims	- 20 =	x \$ 18.00 =		<input type="text"/>	
Independent Claims	- 3 =	x \$ 86.00 =		<input type="text"/>	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$290.00 =		<input type="text"/>	
TOTAL:					
SMALL ENTITY DISCOUNT:					
		SUBTOTAL (1)	(\$)	0.00	
2. AMENDMENT CLAIM FEES					
Claims	Highest No.	Present	Rate	Fee Paid	
Remaining	Previously	Extra			
After Amend.	Paid For				
Total 19	- 20 =	x \$ 18.00 =	0.00	<input type="text"/>	
Indep. 2	- 3 =	x \$ 86.00 =	0.00	<input type="text"/>	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$290.00 =		<input type="text"/>	
		TOTAL:	(\$)	<input type="text"/>	
		SMALL ENTITY DISCOUNT:	(\$)	<input type="text"/>	
		SUBTOTAL (2)	(\$)	0.00	
SUBTOTAL (3)      (\$)					
110.00					
SUBTOTAL (1)      0.00					
SUBTOTAL (2)      0.00					
SUBTOTAL (3)      110.00					
TOTAL      (\$)					
110.00					
CORRESPONDENCE ADDRESS			SIGNATURE BLOCK		
Direct all correspondence to:			Respectfully submitted,  Diana M. Steel Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		